

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF RHODE ISLAND**

IDENTIFICATION FORM FOR UNCLAIMED DIVIDENDS

Case Name _____

Case No. _____ Amount of dividend/refund _____

A dividend/refund check was previously issued in your name in accordance with an Order of this Court, however said check was not cashed and has been deposited with the United States Treasury Account.

In order to insure payment to the proper party, **please fill out the identification portion on this form and mail to: U.S. Bankruptcy Court, 380 Westminster Mall, Providence, RI 02903, Attn: Financial Dept.** Upon receipt of the completed document, your request for payment of unclaimed funds held by the Court will be processed.

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I, _____, hereby state that I am a creditor/debtor in the above-named proceeding and request payment of my unclaimed dividend/refund check.

Old Address _____

Current Address _____

Driver's license No. _____, State _____

Social Security Number _____

(Signature)

Subscribed and sworn to before me in _____

(City/Town)

_____ This _____ Day of _____, 19____.

(State)

(Notary Public)